PTOSBIT 1 (9-5.27)
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	Complete if Known						
Effe Fees pursuant to the Consol	Application Number 10/624,304-C		0/624,304-Co	onf. #7805			
FEETR	Filing Date		July 22, 2003				
Fo	First Named Inventor		Masafumi Matsuda				
F0	Examiner Name		A. Ly				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2162		162		
TOTAL AMOUNT OF PAYMENT (\$) 910.00		Attorney Docket No. S1459.7005		1459.70053U	US00		
METHOD OF PAYM	ENT (check al	that apply)					
x Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.							
For the above-id	entified deposi	t account, the Director	is hereby authoriz	ed to: (check	all that apply)		
Charge fee	(s) indicated b	elow	Charg	ge fee(s) indi	cated below, ex	cept for the	filing fee
X Charge an	y additional fee	e(s) or underpayments	of X Credit	any overpa	uments		
fee(s) und	er 37 CFR 1.1	6 and 1.17		cany overpu	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
FEE CALCULATION 1. BASIC FILING, SEAR		MINATION FEED					
I. DASIC FILING, SEAN			EARCH FEES	FXAMIN	ATION FEES		
		Small Entity	Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$) Fee		Fee (\$)	Fee (\$)	Fees' Pa	id (\$)
Utility	300	150 50		200	100		
Design	200	100 10		130	65		
Plant	200	100 30		160	80		
Reissue	300	150 50		600	300		
Provisional	200	100	0 0	0	0		
2. EXCESS CLAIM FEE Fee Description	s					Fee (\$)	mall Entity Fee (\$)
Each claim over 20 (incl	luding Reissue	(z:				50	25
Each independent claim						200	100
Multiple dependent clair						360	180
Total Claims Ex	otal Claims		Paid (\$) Multiple Depen		Itiple Depende	nt Claims	
100 - 1	X			Fee	<u>(\$)</u> <u>F</u>	ee Paid (\$)	
HP = highest number of total Indep. Claims Ext	tra Claims	-	Paid (\$)				-
indep. Claims Ex	x x	Fee (\$) Fee	raid (#)				
HP = highest number of inde	pendent claims pa	aid for, if greater than 3.					
3. APPLICATION SIZE I	EE						
	R 1.52(e)), th	e application size fee	due is \$250 (\$125	for small en			
		U.S.C. 41(a)(1)(G) ar	` '				
Total Sheets - 100 =	Extra Sheets	Number of each	round up to a wh			Fee Pa	<u>aid (\$)</u>
4. OTHER FEE(S)				ole namber, 2		Fees P	aid (\$)
Non-English Specific Other (e.g., late filing	cation, \$130	tee (no small entity di	scount) response within f	irst month		120	100
Other (e.g., late ming	g surcharge):	1801 Request for co	ntinued examina	tion (RCE)	(see 37	790	
SUBMITTED BY		0-1-					
Signature &	nely	J. Ph teler	Registration No. (Attorney/Agent)	35,986	Telephone	(617) 646	-8000
Name (Print/Type) Randy	J. Pritzker				Date	June 18,	2007
I hereby certify that this pa the date shown below with Box 1450, Alexandria, VA	sufficient posta	any paper referred to as b	iling Under 37 CFR eing attached or enci	osed) is being ed to: Mail Sto	p RCE, Commiss	ioner for Pater	Service on nts, P.O.
Dated: June 18, 2007		re: Jatrucia / la	dear	. Petric	ia Nadea	M)